

EDITORIAL

Herding Cats

A timely article in this issue by Madjar et al. describes the sorry state of worldwide interaction among gynecologists and urologists. According to their study, 39% of respondents said that they never collaborated with one another in the operating room and 50% said that they collaborated less than 25% of the time. Yet when it came to clinical research and diagnosing challenging cases, over 70% did collaborate. When asked why they did not work together more often, two thirds of gynecologists and one third of urologists claimed to possess sufficient expertise all by themselves. In this regard, it is curious that, according to this study, gynecologists, who were the pioneers of vaginal surgery for incontinence, have largely abandoned that in favor of retropubic procedures and that urologists, who were the pioneers and practitioners of retropubic operations, have largely abandoned those in favor of vaginal operations. Is it possible that each specialty is repeating the mistakes of the other?

It is obvious to peer review and industrial funding sources that an intimate relationship between urology and gynecology is a worthwhile endeavor. So why don't they cooperate in clinical practice? The answer, I think, is twofold: money and territory. Animals are territorial; urologists and gynecologists are no different. They view sharing as giving up part of their turf and are loath to do so. In the Madjar et al. study, only 4% of respondents agreed that financial reimbursement issues were a factor. In the real world in which we live, that is hard to believe. I live in a country in which politicians decry the allegation that their actions are influenced by the estimated 1 billion dollars that are "donated" to them. I don't believe them either.

So what is the solution? To me it is quite simple. If money and turf are the factors mitigating against cooperation, why not simply remove these from the formula? Urologists and gynecologists who are interested in urogynecology could practice together and share income as they currently do with members of their respective specialties. As each becomes more familiar with the other's expertise and as combined training programs flourish, the distinction between gynecology and urology will blur and a new specialty will emerge that combines the expertise of each. We still have a long way to go, though. Incredibly enough, the guidelines that were recently formulated for the approval of the pelvic floor reconstructive surgery training programs do not even *require* that both a urologist and gynecologist be faculty members. For the present at least, it seems that trying to get urologists and gynecologists together is still like trying to herd cats.

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